

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/591,414</b>	FILING DATE <b>07-25-06</b>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
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TOTAL IND.	1	↓	1	↓		↓		
TOTAL DEP.	8	←	7	←		←		
TOTAL CLAIMS	9		8					
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TOTAL CLAIMS								